DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Request for Applications (RFA) No. TI 03-008
Part I - Programmatic Guidance

Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services

Short Title: TCE/HIV

Application Due Date:
May 23, 2003

H. Westley Clark, M.D., J.D., M.P.H., CAS, FASAM
Director, Center for Substance Abuse Treatment
Substance Abuse and Mental Health
Services Administration

Charles G. Curie, M.A., A.C.S.W
Administrator
Substance Abuse and Mental Health
Services Administration

Date of Issuance: March, 2003

Catalog of Federal Domestic Assistance (CFDA) No. 93.243
Authority: Section 509 of the Public Health Service Act, as amended, and subject to the availability of funds.

Table of Contents

[Note to Applicants: To prepare a complete application, PART II - "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements," must be used in conjunction with this document, PART I - "Programmatic Guidance."]

Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Purpose of this Announcement

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment is accepting applications for Fiscal Year 2003 funds for grants to enhance and expand substance abuse treatment and/or outreach and pretreatment services in conjunction with HIV/AIDS services in African American, Latino/Hispanic, and/or other racial or ethnic communities highly affected by the twin epidemics of substance abuse and HIV/AIDS.

Approximately $16.0 million will be available for up to 32 awards in FY 2003. Actual funding levels will depend on the availability of appropriated funds.

Applicants proposing to enhance and/or expand substance abuse treatment may request not more than $500,000 in total costs (direct and indirect) per year. Applicants proposing only to enhance and/or expand outreach and pretreatment services may request not more than $400,000 in total costs (direct and indirect) per year. Applications with proposed budgets that exceed these amounts per year will be returned without review. Cost sharing is not required for this program.

Grants will be awarded for a period of up to 5 years. Annual awards will depend on continued availability of funds to SAMHSA/CSAT and progress achieved by the grantee in meeting grant goals and objectives and the Government Performance and Results Act (GPRA) requirements.

All applicants must target **one or more** of the following high-risk substance abusing populations in African American, Hispanic/Latino, and/or other racial/ethnic minority communities:

- Women, including women and their children;

- Adolescents (individuals who are 12-17 years old);

- Men who inject drugs, including men who have sex with men (MSM), and at-risk non-injecting MSMs;

- Individuals who have been released from prisons and jails within the past 2 years.

Who Can Apply

Funding will be directed to activities designed to deliver services specifically targeting racial and ethnic minority populations impacted by HIV/AIDS. Eligible entities may include: not-for-profit community-based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, State and local government agencies and tribal government and tribal/urban Indian entities and organizations. Faith-based organizations are eligible to apply.

There are three additional requirements:

1. The applicant agency and all direct providers of substance abuse treatment and HIV/AIDS services with linkages to the applicant agency must be in compliance with all local, city, county and State licensing and accreditation/certification requirements. The application must

include licensure/accreditation/certification documentation (or a statement as to why the local/State government does not require licensure/accreditation/certification) in **Appendix 1.**

2. The applicant agency, if a direct provider of substance abuse treatment and HIV/AIDS services, and all direct providers of substance abuse treatment and HIV/AIDS services involved in the project must have been providing those services for a minimum of 2 years prior to the date of this application. The application must **include a list** of all substance abuse treatment and HIV/AIDS service providers and 2-year experience documentation in **Appendix 1.**

   This requirement is imposed because SAMHSA believes that adequate infrastructure and expertise are vital to effectively provide services and address emerging and unmet needs as quickly as possible.

3. Only applicants located in, or in close proximity to, and proposing to provide services in, one of the following are eligible to apply:

   a) Geographic areas within States with an annual AIDS case rate of, or greater than, 10 out of 100,000 people.

   b) MSAs with an annual AIDS case rate of, or greater than, 20 out of 100,000 among minority populations. (The rate of AIDS per 100,000 among minority populations was lowered to 20/100,000 from 25/100,000 based on falling AIDS rates due to improvements in treatment.) (See Appendix B - of this document for CDC annual case rates in States and MSAs.) Only applicants serving geographic areas within States and MSAs listed in Appendix B can apply.

Applicants must specify in Appendix 1 the MSA or geographic area within a State where services are proposed.

We are limiting eligibility to applicants serving MSAs and States listed in Appendix B because in the absence of consistent reporting of HIV data by all jurisdictions, the best indicator of the magnitude of the epidemic is AIDS case rates derived from the CDC HIV/AIDS surveillance reports.

Applications will be screened by SAMHSA prior to review. Applications that do not meet eligibility requirements will not be reviewed.

Applicant Characteristics

SAMHSA/CSAT encourages applications from organizations that serve predominantly racial and ethnic minorities disproportionately impacted by the HIV/AIDS epidemic (i.e., African Americans, Hispanic/Latinos and other racial/ethnic minorities), based on the most recent estimated living AIDS cases, HIV infections and AIDS mortality among racial and ethnic minorities as reported by CDC.

SAMHSA/CSAT encourages applications from applicants who are representative of the minority communities served in the makeup of their board of directors, key staff and management. They should also be situated in close geographic proximity to the targeted population, have a history of providing services to these communities and have documented linkages to the targeted populations.

SAMHSA/CSAT encourages applications from substance abuse treatment programs and HIV/AIDS service organizations that have a proven record of reaching and serving hardcore, chronic drug users and their sex/needle-sharing partner(s) and facilitating their entry into substance abuse treatment, and who also demonstrate their success in referral, engagement and retention beyond substance abuse treatment.

SAMHSA/CSAT is interested in applications submitted by organizations that have demonstrated ties to grassroots/community-based organizations that are deeply rooted in the culture of the targeted community.

Application Kit

SAMHSA application kits include the following:

1. PHS 5161-1 - *(revised July 2000)* - Includes the Face Page, Budget forms, Assurances, Certifications and Checklist.

2. PART I - of the Program Announcement (PA) or Request for Applications (RFA) includes instructions for the specific grant or cooperative agreement application. This document is Part I.

3. PART II - of the Program Announcement (PA) or Request for Applications (RFA) provides general guidance and policies for SAMHSA grant applications. The policies in Part II that apply to this program are listed in this document under "Special Considerations and Requirements."

You must use all of the above documents of the kit in completing your application.

How to Get an Application Kit:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or

- Download from the SAMHSA site at www.samhsa.gov . Be sure to download both parts of the RFA.

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710

Change the zip code to 20817 if you use express mail or courier service.

If you require a phone number for delivery, you may use (301) 435-0715.

All applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted. Faxed or e-mailed applications will not be accepted. You will be notified that your application has been received.

Please note:

1. Use application form PHS 5161-1.

2. Be sure to type TI 03-008 and the appropriate letter (see below) for the substance abusing African American, Hispanic/Latino and/or other racial/ethnic minority high-risk population groups that apply to your application in Item No. 10 on the face page of the application form:

A - for applicants serving women, including women and their children;

B - for applicants serving adolescents (individuals who are 12-17 years old);

C - for applicants serving men who inject drugs, including men who have sex with men (MSM), and at-risk non-injecting MSMs; and

D - for applicants serving individuals who have been released from prisons and jails within the past 2 years.

Application Dates

Your application must be received by **May 23, 2003.**

Applications received after May 23, 2003, will be accepted only if they have a proof-of-mailing date from the carrier no later than May 16, 2003.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

Grant awards are expected to be made by **September 30, 2003.**

How to Get Help

For questions on *program issues*, contact:
David C. Thompson
Division of Services Improvement
CSAT/SAMHSA
Rockwall II, 7th Floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-6523
E-Mail: **dthompso@samhsa.gov**

For questions on *grants management issues*, contact:
Steve Hudak
Division of Grants Management
OPS/SAMHSA
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: **shudak@samhsa.gov**

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as determined by the Peer Review Committee and approved by the CSAT National Advisory Council.

2. Availability of funds.

3. Geographic distribution.
   It is SAMHSA/CSAT's intent to ensure the broadest distribution of TCE/HIV funds across the United States as possible. Therefore, the number of awards to applicants from any one State or MSA may be limited in order to ensure that applicants from States or MSAs with few or no grant awards from CSAT's Minority AIDS Initiative will have the opportunity to receive funding for proposed projects deemed worthy of funding via the peer and National Advisory Council review processes.

4. Program Costs.
   Per person costs per treatment episode will be taken into consideration. The following are acceptable ranges by treatment modality:
   Residential
   $3,000 to $10,000
   Outpatient (Non-Methadone)
   $1,000 to $5,000
   Outpatient (Methadone)
   $1,500 to $8,000

Screen/Brief Intervention/Brief Treatment/Outreach/Pretreatment Services
$200 to $1,200

SAMHSA/CSAT will compute per person costs as follows. The total support requested for the life of the project will be multiplied by .8 (.2 will be the allowance for GPRA reporting requirements). The resulting amount will then be divided by the number of persons the applicant proposes to serve over the life of the project.

The outreach and pretreatment services cost band will only apply to outreach and pretreatment programs that do not also offer treatment services but operate within a network of substance abuse treatment facilities. Treatment programs that add outreach and pretreatment services to a treatment modality or modalities will be expected to fall within the cost band for that treatment modality.

Background

This Request for Applications (RFA) is a revision and reissuance of the FY 2002 TCE/HIV (TI 02 - 009). **[NOTE: This RFA will not fund projects that propose outreach services without also providing pretreatment services.]**

The reported AIDS rates are higher among African Americans and Hispanic/Latinos than other population groups in the United States (Centers for Disease Control and Prevention - CDC, 2000). These groups also generally have higher rates for sexually transmitted diseases (STDs).

The TCE/HIV program addresses the following elements of SAMHSA/CSAT's "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative" (NTP), "No Wrong Door to Treatment" is addressed by allowing and encouraging minority populations to enter treatment through culturally sensitive modalities, "Commit to Quality" is addressed by promoting best practices and assisting minority community-based treatment providers to share information on improving treatment outcomes, "Build Partnerships" is addressed by supporting minority communities in the development of systems linkages and infrastructure leading to organizational coalitions and integrated service systems, and "Invest for Results" is addressed by providing additional financial resources to enhance and expand substance abuse treatment capacity.

For additional information about the NTP and how to obtain a copy, see Appendix A.

Developing Your Grant Application

Applicants may propose to **expand** substance abuse treatment and/or outreach and pretreatment services, to **enhance** substance abuse treatment and/or outreach and pretreatment services, or to do both.

1) Service Expansion: An applicant may propose to **increase access and availability of services to a larger number of clients**. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently admits to servicing 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand service capacity to be able to admit some or all of those persons on the waiting list. **Applicants must state clearly the number of additional clients to be served for each year of the proposed grant.**

2) Service Enhancement: An applicant may propose to improve **the quality and/or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add intensive gender-specific programming to the current treatment protocol for a population of women and their children being served by the program.

Applicants proposing to enhance services should indicate the number of clients who will receive the new enhancement services.

An applicant may propose to expand and to enhance services for the defined population. An applicant should make clear when the proposal is to expand services, to enhance services, or to do both. Your application must include the total number of persons you propose to serve through expansion and/or enhancement services throughout the 5-year grant period.

The proposed project may increase treatment capacity (including outreach and pretreatment). Applicants who propose to provide only outreach and pretreatment services (not substance abuse treatment services) must demonstrate in their application that they are an effective and integral part of a network of substance abuse treatment services providers. Outreach and pretreatment programs **must** provide pretreatment services to clients which will include referrals and facilitation of entry into substance abuse treatment which can be verified and followed up at the required 6- and 12-month intervals. The capacity to make successful referrals to treatment must be clearly demonstrated.

Pretreatment services include brief interventions, including providing literature and other materials to support behavior change, facilitating access to drug treatment, HIV/AIDS testing and counseling services, and other medical and social services available in the local community. (National Institute on Drug Abuse, Community – Based Outreach Model, September, 2000)

Applicants must provide a detailed description of the methods and approaches that will be used to reach the specified target population(s) of high-risk substance abusers, their sex partners, and substance-abusing people living with AIDS who are not currently enrolled in a formal substance abuse treatment program.

Applicants must also provide evidence that the proposed expansion and/or enhancement will address the overall goals and objectives of the project within the 5-year grant period.

Applicants must describe how the proposed project will be embedded within a comprehensive, integrated, creative and community-based response to issues fueled by substance abuse and HIV/AIDS.

In addition to providing substance abuse treatment and HIV/AIDS related services (including referral for treatment for STDs, TB, and hepatitis B and C), applicants are encouraged to develop linkages with community-based organizations with experience in providing services to these communities.

Examples of possible community linkages include, but are not limited to:

- primary health care;
- mental health and medical services for those who are HIV positive, have AIDS or are at high risk of HIV infection;
- community-focused educational and preventive efforts;
- school-based activities such as after school programs;

- private industry-supported work placements for recovering persons;
- faith-based organizational support;
- support for the homeless;
- HIV/AIDS community-based outreach projects;
- HIV counseling and testing services;
- opioid treatment programs;
- health education and risk reduction information; and
- access/referral to STD, hepatitis B (including immunization) and C, and TB testing in public health clinics.

The applicant must identify the role of collaborating organizations in responding to the targeted need. Letters of commitment (outlining services to be provided, level and intensity of resources committed) from participating and coordinating organizations must be included in **Appendix 2.**

Applicants are encouraged to demonstrate planning and coordination of services at the local level with the Single State Agency for Substance Abuse (SSA), and where applicable, the:

- Centers for Disease Control and Prevention's (CDC) National Center for HIV/AIDS, STD, TB Prevention's (NCHSTP) HIV Prevention Community Planning Groups, the National Immunization Program, and HIV/AIDS CDC funded projects;
- Health Resources and Services Administration (HRSA) Ryan White Planning Councils;
- Department of Housing and Urban Development (HUD) Housing Opportunities for Persons with AIDS (HOPWA); and
- SAMHSA grantees funded under the Center for Substance Abuse Prevention's (CSAP) Substance Abuse Prevention and HIV Prevention Services program and the Center for Mental Health Services' (CMHS) Mental Health/HIV/AIDS Services Collaborative Program.

Funding Restrictions

TCE/HIV grant funds may **not** be used to:

- ❑ Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities or in custody where they are not free to move about in the community).
- ❑ Provide residential or outpatient treatment services when the facility has not yet been acquired, sited, approved and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)
- ❑ Pay for the construction of any building or structure. (Applicants may request up to $75,000 for renovations and alterations of existing facilities for the entire 5-year project period.)
- ❑ Pay for housing other than residential substance abuse treatment.
- ❑ Provide inpatient treatment.
- ❑ Pay for incentives to induce clients to enter treatment. However, a grantee or treatment provider may provide up to $20 or equivalent (coupons, bus tokens, and vouchers)

to clients as incentives to participate in the required follow-ups.

- ❑ Carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

- ❑ Pay for pharmacologies for HIV antiretroviral therapy, or treatment of STDs, TB and hepatitis B and C.

Reporting/Evaluation Requirements

TCE/HIV is a services grant program. The goals of the evaluation component are to obtain data that meet requirements of the Government Performance and Results Act (GPRA) and to conduct a local evaluation that will be useful to the project.

To meet evaluation requirements, most applicants will need to allocate 15-20 percent of the budget for evaluation. The percentage depends on the complexity of the evaluation plan and number of clients proposed to be served through the grant.

Government Performance and Results Act (GPRA)

GPRA mandates increased accountability and performance-based management by Federal agencies. This has resulted in greater focus on results or outcomes in evaluating effectiveness of Federal activities, and in measuring progress toward achieving national goals and objectives.

Grantees are expected to comply with GPRA including the collection of CSAT Core Client Outcomes. Applicants must state the procedures that they will put in place to ensure compliance with GPRA and the collection of CSAT GPRA Core Client Outcomes (see **Appendix D**). For a detailed description of CSAT's GPRA strategy, see **Appendix C.**

Grantees are expected to collect baseline GPRA data at intake on all persons served through the grant, and 6- and 12-month follow-up data post intake on a minimum of 80% of all clients in the intake sample. Grantees should consider this requirement when preparing the evaluation budget section of the application.

GPRA data are to be entered into the CSAT GPRA Website at www.csat-gpra.org. Training on the site will be provided by CSAT post award.

CSAT's standard outcome requirements are:

Ages 18 and above: Percent of service recipients who: have no past month substance abuse; have no or reduced alcohol or illegal drug consequences; are permanently housed in the community; are employed; have no or reduced involvement with criminal justice system; and have good or improved health and mental health status.

Ages 17 and under: Percent of service recipients who: have no past month use of alcohol or illegal drugs; have no or reduced alcohol or illegal drug consequences; are in stable living environments; are attending school; have no or reduced involvement in the juvenile justice system; and have good or improved health and mental health status.

Applicants must clearly state which service population they propose to address: adults (18 years or older) or adolescents and children (17 years or younger), and express their understanding of the GPRA measures to be tracked and collected.

Local Evaluation

The local evaluation should be designed to provide regular feedback to the project to

help the project improve services and the collection of GPRA data.

The local evaluation must incorporate but should not be limited to GPRA requirements. Because different programs will differ in their target populations, services, systems linkages and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are NOT required.

In tracking outcomes, the evaluation plan must address the following two components:

1. **Treatment Effectiveness, including indicators for:**

- health status (physical and mental health);
- self-sufficiency including employment, legal income, and public assistance status;
- social support and functioning, including family and social relationships, living arrangements, and legal status; and
- alcohol and drug use.

2. **Treatment Efficiency, including:**

- utilization,
- retention, and
- completion.

The evaluation plan must describe the approaches that will be used to collect and report these data to SAMHSA as part of the annual progress report. Data collection points will be at baseline/intake, 6 months, and 12-month follow-up.

CSAT has available a variety of evaluation tools that grantees may find useful in developing, or augmenting, their existing capacity to collect the types of data that will be required. These materials are available for free downloads from http://neds.calib.com.

Post award support will be provided to grantees through the provision of clinical and programmatic technical assistance, assistance with data collection, reporting, analysis and publication, and assistance with evaluating the impact of expanded number of new services.

Applicants must agree to participate in all technical assistance and training activities designed to support this initiative and must budget for their local evaluation.

Post Award Requirements

Grantees must submit **quarterly reports** and a **final report.** Evaluation results must be included in each required **quarterly and final report.** CSAT program staff will use this information to determine progress of the grantee toward meeting its goals. Upon award CSAT, through its TCE/HIV contractor, will provide each grantee a computerized diskette and instructions for completing and submitting the required quarterly reports and GPRA data collection and reporting.

The final report must summarize information from the quarterly reports and describe the accomplishments of the project and planned next steps for implementing plans developed during the grant period.

Grantees will be held accountable for the information provided in the application as it relates to the number of clients to be served with the award funds. CSAT program officials will take into consideration a grantee's progress in meeting goals and objectives, and the grantee's failures and corresponding strategy for overcoming these problems when making an annual recommendation as to continuation of the grant, and amount of any continuation award. A grantee's failure to meet its goals

and objectives may result in reduction or loss of an award.

Grantees will be required to attend (and, thus must budget for) two technical assistance meetings in the first year of the grant, and two meetings in each of the remaining years. A minimum of two persons (Program Director and Program Evaluator) are expected to attend. These meetings will last up to three days and will be held in the Washington, D.C., area.

Grantees must inform the CSAT Project Officer of any publications based on the grant project, including publications occurring after the grant period ends.

The grantee organization will be responsible for ensuring that all direct providers of services involved in the project are in compliance with all applicable local, city, county, and State licensing, certification, or accreditation requirements throughout the 5-year project period.

Detailed Information on What to Include in Your Application

In order for your application to be **complete,** it must include the following in the order listed. Check off areas as you complete them for your application.

❑ ***1. FACE PAGE***

Use Standard Form 424 which is part of the PHS 5161-1. See Appendix A in **Part II** of the RFA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

❑ ***2. ABSTRACT***

Your total abstract may not be longer than 35 lines. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to Congress, or press releases, if funded. Include in this summary the total number of persons you propose to serve through expansion and/or enhancement services throughout the 5-year grant period. These numbers should be the same as shown in Section B: Project Plan of this RFA. (See Appendix E for guidelines and definitions.)

❑ ***3. TABLE OF CONTENTS***

Include page numbers for each of the major sections of your application and for each appendix.

❑ ***4. BUDGET FORM***

Standard Form (SF) 424A, which is part of the PHS 5161-1, is to be used for the budget. Fill out sections B, C, and E of the SF 424A. Follow instructions in Appendix B of Part II of the RFA.

❑ ***5. PROJECT NARRATIVE* AND SUPPORT DOCUMENTATION**

The project narrative describes your project. It is made up of Sections A through D. More detailed information regarding A-D follows #10 of this checklist. Sections A-D may not be longer than 25 pages. **Applications exceeding 25 pages for Sections A-D will not be reviewed.**

- **Section A - Project Narrative:** *Project Description/Justification of Need;*
- **Section B - Project Narrative:** *Project Plan;*
- **Section C - Project Narrative:** *Evaluation/Methodology; and*
- **Section D - Project Narrative:** *Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support.*

The Supporting Documentation section of your application provides additional information necessary for the review of your application. This Supporting Documentation should be provided immediately following your Project

Narrative in Sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

__ **Section E - Supporting Documentation:**
Literature citations

This section must contain complete citations, including titles, dates, and all authors, for any literature you cite in your application.

__ **Section F - Supporting Documentation:**
Budget justification, existing resources, other support

You must provide a narrative justification of the items included in your proposed budget as well as a description of the existing resources and other support you expect to receive for the proposed project. (See Part II of the RFA, Example A, Justification.)

__ **Section G - Supporting Documentation:**
Biographical sketches and job descriptions

- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages.** If the person has not been hired, include a letter of commitment from the individual and his/her sketch.

- Include job descriptions for key personnel. They should not be longer than **1 page.**

[Note: Sample sketches and job descriptions are listed on page 22, Item 6, in the Program Narrative section of the PHS 5161-1.]

__ **Section H - Supporting Documentation:**
SAMHSA Participant Protection (SPP)

The elements you need to address in this section are outlined after the Project Narrative description in this document.

6. APPENDICES 1 THROUGH 5

- Use only the appendices listed below.
- **Do not** use appendices to extend or replace any of the sections of the Project Narrative unless specifically required in this RFA. Reviewers will not consider them if you do.
- **Do not** use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:
A Listing of All Service Providers;
Documentation of Two Years of Experience;
Licensure/Accreditation/Certification; and
Identification of the MSA or the geographic area within the State where services are proposed.

Appendix 2:
Letters of Commitment

Appendix 3:
Letters to the Single State Agencies

Appendix 4:
Data Collection Instruments/Interview Protocols

Appendix 5:
Sample Consent Forms

❑ ***7. ASSURANCES***
Non-Construction Programs. Use Standard Form 424B found in PHS 5161-1.

❑ ***8. CERTIFICATIONS***
See the PHS 5161-1 for instructions.

❑ ***9. DISCLOSURE OF LOBBYING ACTIVITIES***
(see form in PHS 5161-1)

Appropriated funds, other than for normal and recognized executive-legislative relationships, may not be used for lobbying the Congress or State legislatures. Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or State legislatures. This includes "grass roots" lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or to urge those representatives to vote in a particular way. (Please read **Part II** of the RFA, General Policies and Procedures for all SAMHSA Applications for additional details.)

❑ ***10. CHECKLIST***

You must complete the Checklist. See Appendix C in **Part II** of the RFA for instructions.

Project Narrative

Sections A through D

In developing your application, use the instructions below that have been tailored to this program. These are to be used in lieu of the "Program Narrative" instructions found in the PHS 5161-1 on page 21.

Sections A through D are the Project Narrative of your application. These sections describe what you intend to do with your project. Below you will find detailed information on how to respond to Sections A through D. Sections A through D may not be longer than 25 pages.

- Your application will be reviewed against the requirements described below for sections A through D. These sections also function as review criteria.

- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.

- The number of points after each main heading shows the **maximum number of points** a review committee may assign to that category.

- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.

- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assigned based on how well you address the cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Appendix D of Part II of the RFA.

Section A:
Project Description and Justification of Need (20 points)

❑ Describe the nature of the problem and extent of the need (based on local data), and document the inability to respond to the need with existing substance abuse treatment resources and HIV/AIDS services, and the potential impact if the problem is not resolved.

Documentation of need may come from a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data such as that available through State Needs Assessments, and/or through national data such as that available from SAMHSA's National Household Survey on Drug Abuse (NHSDA), the Drug Abuse Warning Network (DAWN), Drug and Alcohol Services Information System

(DASIS) which includes the Treatment Episode Data Set (NEDS), and CDC's annual HIV/AIDS Surveillance Reports.

- ❑ For those data sources that are not well known, provide enough information on how the data were collected so that the reliability and validity of the data can be assessed.
- ❑ Define the target population.
- ❑ Clearly state the purpose of the proposed project, with goals and objectives. Describe how achievement of goals will support meaningful and relevant results and expand and/or enhance capacity.

Section B:
Project Plan (40 points)

- ❑ Describe the substance abuse treatment and/or outreach and pretreatment services to be expanded or enhanced in conjunction with HIV/AIDS services.
- ❑ Provide evidence that the proposed expansion and/or enhancement will address the overall goals and objectives of the project within the 5-year grant period.
- ❑ Clearly state the number of clients you propose to serve with grant funds. Separate by "expansion" services and "enhancement" services, and by grant year. See Appendix E for guidelines and definitions. If **expanding** services, fully describe the number of <u>additional</u> people to be served each year with the grant funds and the 5-year total. If **enhancing** services, state the number of persons who will receive enhanced services by grant year and in total. A tabular format is suggested but not required.

Defend the proposed numbers - how they were determined, what assurances are there that the numbers are realistically achievable.

- ❑ Address age, race/ethnic, cultural, language, sexual orientation, disability, literacy and gender issues and how the treatment component will handle these issues relative to the target population.
- ❑ Describe how individuals reflective of the target population were involved in the preparation of the application, and how they will be involved in planning, implementation, and evaluation of the project.
- ❑ Describe how the treatment and/or outreach and pretreatment components will be embedded within the existing community-based response to substance abuse problems. Demonstrate that the outreach and pretreatment components are an effective and integral part of a network of substance abuse treatment providers. This should include what roles other community organizations will have in the overall, integrated effort. Letters of commitment/coordination/support from community organizations supporting the project must be included in **Appendix 2**.
- ❑ Document that services demonstrate state-of-the-art practices in the area of substance abuse treatment and outreach and pretreatment, and HIV/AIDS services based on research and clinical literature or successful outcomes based on local outcome data. This explanation should include data on current capacity, average length of

treatment, retention rates, and outcomes.

- ❑ Provide a detailed description of the methods and approaches that will be used to reach the specified target population(s) of high risk substance abusers, their sex partners, and substance abusing people living with AIDS who are not currently enrolled in a formal substance abuse treatment program. Demonstrate how outreach and pretreatment projects will make successful referrals to substance abuse treatment.

- ❑ Demonstrate success in referring, engaging and retaining clients beyond substance abuse treatment.

Section C:
Evaluation/Methodology (15 points)

- ❑ Describe plans to comply with GPRA requirements, including the collection of CSAT's GPRA Core Client Outcomes, and to track and follow-up 80% of all baseline clients.

- ❑ Describe the local evaluation plan, including plans to assess implementation and client outcome and to integrate the local evaluation with GPRA requirements. Describe plans for data collection, management, analysis, and interpretation. Include a description of the treatment provider's existing approach to the collection of client, service use, and outcome data and how that will be modified to meet the requirements described in this RFA.

- ❑ Provide quantitative goals and objectives for the treatment, outreach and pretreatment and HIV/AIDS services in terms of the numbers of individuals to be served, types and numbers of services to be provided, and outcomes to be achieved (e.g., referrals to substance abuse treatment).

- ❑ Document the appropriateness of the proposed outcome measures for the target population. This should address not only traditional reliability and validity but also sensitivity to age, gender, sexual orientation, culture, language, disability, literacy, and racial/ethic characteristics of the target population.

- ❑ Discuss the extent to which the target population will be involved in the interpretation of findings.

- ❑ Describe plans for reporting and disseminating the project's findings.

Section D:
Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (25 points)

- ❑ Present a realistic management plan for the project that describes the organizations that will be involved in the project; presents their roles in the project; and addresses their relevant experience.

- ❑ Discuss linkages/collaborations with other organizations including non-profit groups, universities, clinics, CDC's NCHSTP HIV Prevention Community Planning Groups, and National Immunization Program, and HIV/AIDS CDC funded projects, HRSA Ryan White Planning Councils, HUD Housing Opportunities for People with AIDS (HOPWA), and SAMHSA grantees funded under CSAP's Substance Abuse Prevention and HIV

Prevention Services program and CMHS' Mental Health/HIV/AIDS Services Collaborative Program.

- ❑ Describe time lines for implementing the project.

- ❑ Discuss the capability and experience of the applicant organization with similar projects and populations and in providing culturally appropriate services. For previously funded grantees under CSAT's Minority AIDS Initiative, this should include a detailed description of how GPRA interviews were conducted and progress made in reaching projected survey goals. For new grantees, a description of past evaluation efforts with similar populations should be included.

- ❑ Provide a staffing plan, including the level of effort and qualifications of the Project Director and other key personnel including the clinical, substance abuse and HIV/AIDS, and support personnel within the treatment component.

- ❑ Describe the resources available (e.g., facilities, equipment), and provide evidence that services will be provided in a location/facility that is adequate and accessible and that the environment is conducive to the target population.

- ❑ Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation, disability, literacy, and ethnic/racial/cultural factors of African American, Hispanic/Latino and/or other racial/ethnic minority populations.

- ❑ Provide evidence that the applicant reflects the minority communities served in the make up of their board of directors, key staff and management, and that they are situated in close geographic proximity to the targeted population, have a history of providing services to these communities and have documented linkages to the targeted populations.

- ❑ Provide per person costs per treatment episode based on the applicant's actual costs and projected costs over the 5-year project period. State whether or not these costs are within the acceptable ranges by treatment modality provided in the "Funding Criteria" section. Discuss the resonableness of the per person costs. If proposed costs exceed acceptable ranges, a detailed justification must be provided.

- ❑ Provide evidence that required resources not included in this Federal budget request are adequate and accessible.

- ❑ Provide a plan to secure resources or obtain support to continue services after the grant project period has ended.

NOTE: Although the budget for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered.

SAMHSA Participant Protection (SPP)

The evaluation requirements as described in the "Project Narrative" section of this RFA are subject to the SAMHSA Participant Protection (SPP) provisions. However, applicants who propose to implement more in depth evaluation activities may be subject to the Federal provisions at 45 CFR Part 46

(Protection of Human Subjects). In accordance with these provisions, evaluation approaches designed to conduct the systematic collection of data on individual clients require review and approval by an Institutional Review Board (IRB). These requirements apply whether SAMHSA funds or funds from other sources are used to carry out the evaluation activities.

Part II of the PA/RFA provides a description of SAMHSA's Participant Protection Requirements and the Protection of Human Subjects Regulations.

SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved. Problems with participant protection identified during peer review of your application may result in the delay of funding

You must address each element regarding participant protection in your supporting documentation. If any one or all of the elements is not relevant to your project, you must document the reasons that the element(s) does not apply.

This information will:

1. Reveal if the protection of participants is adequate or if more protection is needed.

2. Be considered when making funding decisions.

Projects may expose people to risks in many different ways. In this section of your application, you will need to:

- Identify and report any possible risks for participants in your project.
- State how you plan to protect participants from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

Each of the following elements must be discussed:

1. Protect Clients and Staff from Potential Risks:

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- Give plans to provide help if there are adverse effects to participants.
- Where appropriate, describe alternative treatments and procedures that might be beneficial to the participants. Provide reasons if you do not decide to use other beneficial treatments.

2. Fair Selection of Participants:

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for including or excluding participants.

- Explain how you will recruit and select participants. Identify who will select participants.

3. Absence of Coercion:

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may receive services even if they do not complete the study.

4. Data Collection:

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Describe the data collection procedure and specify the sources for obtaining data; for example, school records, interviews, psychological assessments, questionnaires, observation or other sources. Where data are to be collected through observational techniques, questionnaires, interviews, or other direct means, describe the data collection setting.

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix No. 4**, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

5. Privacy and Confidentiality:

- Explain how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.

- Describe:
  - How you will use data collection instruments
  - Where data will be stored
  - Who will or will not have access to information
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

6. Adequate Consent Procedures:

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- State:
  - If their participation is voluntary,
  - Their right to leave the project at any time without problems,
  - Possible risks from participation in the project,

- Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

  Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your **Appendix 5**, titled "Sample Consent Forms." If needed, give English translations.

  Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both Participant Protection in the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

7. Risk/Benefit Discussion:

- Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies, special considerations and requirements related to grants and cooperative agreements are found in **Part II of the RFA**. The policies and special considerations that apply to this program are:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010: The Healthy People 2010 focus areas related to this program are: Chapter 26: Substance Abuse and Chapter 13: HIV
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Letter of Intent
- Single State Agency Coordination (include documentation in **Appendix 3**)
- Intergovernmental Review (E.O. 12372)
- Public Health System Reporting Requirements
- SAMHSA Participant Protection

Appendix A

National Treatment Plan Initiative

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated *Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative* (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation." The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site–www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

APPENDIX B. Eligible States

Eligible States with Annual AIDS Rates >10 Cases per 100,000 Populations

State	Annual AIDS Case Rates 2001
Arizona	10.2
California	12.5
Connecticut	17.1
Delaware	31.1
District of Columbia	152.1
Florida	31.3
Georgia	20.8
Hawaii	10.1
Illinois	10.6
Louisiana	19.3
Maryland	34.6
Massachusetts	12.0
Mississippi	14.6
Nevada	12.0
New Jersey	20.7
New York	39.3
North Carolina	11.5
Pennsylvania	15.0
South Carolina	17.9
Tennessee	10.5
Texas	13.6
Virginia	13.2
Puerto Rico	32.3
Virgin Islands	28.6

Source: Centers for Disease Control and Prevention. HIV/AIDS Surveillance Report, 2001: 13 (no.2).

Appendix B.Eligible MSAs

Eligible Metropolitan Statistical Areas with Annual AIDS Rates > 20 Cases per 100,000 among Minority Populations

City, State	Annual AIDS Case Rates 2001
Akron, OH	20.3
Albany- Schenectady-Troy, NY	71.7
Albuquerque, NM	72.2
Allentown-Bethlehem-Easton, PA	117.8
Ann Arbor, MI	20.0
Atlanta, GA	106.8
Austin-San Marcos, TX	74.5
Bakersfield, CA	127.6
Baltimore, MD	196.2
Baton Rouge, LA	126.9
Bergen-Passaic, NJ	82.0
Birmingham, AL	38.6
Boston-Brockton-Nashua, MA-NH,	84.9
Buffalo-Niagra Falls, NY	56.7
Charleston, SC	32.0
Charlotte-Gastonia-Rock Hill, NC-SC	59.0
Chicago, IL	52.9
Cleveland-Lorain-Elyria, OH	38.0
Columbia, SC	112.6
Columbus, OH	27.2
Dallas, TX	73.3
Dayton-Springfield, OH	29.1
Daytona Beach, FL	88.8
Denver, CO	45.5
Detroit, MI	37.2

El Paso, TX	26.2
Fort Lauderdale, FL	133.5
Fort Wayne, IN	24.7
Fort Worth-Arlington, TX	35.8
Fresno, CA	33.9
Gary, IN	31.4
Grand Rapids-Muskegon-Holland, MI	30.5
Greensboro-Winston-Salem-High Point, NC	46.2
Greenville-Spartanburg-Anderson, SC	51.3
Harrisburg-Lebanon-Carlisle, PA	147.6
Hartford, CT	46.6
Houston, TX	77.9
Indianapolis, IN	51.1
Jacksonville, FL	121.8
Jersey City, NJ	178.0
Kansas City, MO-KS	33.1
Knoxville, TN	25.5
Las Vegas, NV-AZ	61.0
Little Rock-North Little Rock, AR	47.3
Los Angeles-Long Beach, CA	48.7
Louisville, KY	67.9
Memphis, TN-AR-MS	57.8
Miami, FL	209.5
Middlesex-Somerset-Hunterdon, NJ	91.5
Milwaukee-Waukesha, WI	38.5
Minneapolis-St. Paul, MN-WI	51.5
Mobile, AL	45.4

Monmouth-Ocean, NJ	125.5
Nashville, TN	65.0
Nassau-Suffolk, NY	89.9
New Haven- Bridgeport-Danbury-Waterbury, CT	75.2
New Orleans, LA	60.4
New York, NY	176.6
Newark, NJ	153.4
Norfolk-Virginia Beach-Newport News, VA	66.6
Oakland, CA	60.9
Oklahoma City, OK	28.8
Omaha, NE-IA	48.7
Orange County, CA	50.8
Orlando, FL	136.4
Philadelphia, PA-NJ	108.5
Phoenix-Mesa, AZ	44.7
Pittsburgh, PA	42.3
Portland-Vancouver, OR-WA	42.4
Providence-Warwick, RI	76.1
Raleigh-Durham-Chapel Hill, NC	55.7
Richmond-Petersburg, VA	43.2
Riverside-San Bernadino, CA	32.3
Rochester, NY	78.2
Sacramento, CA	29.8
St. Louis, MO-IL	43.7
Salt Lake City-Ogden, UT	150.2
San Antonio, TX	36.6
San Diego, CA	57.1
San Francisco, CA	164.0
San Jose, CA	43.0

Sarasota-Bradenton, FL	171.4
Seattle-Bellevue-Everett, WA	83.2
Springfield, MA	63.8
Stockton-Lodi, CA	24.4
Syracuse, NY	112.4
Tacoma, WA	29.8
Tampa-St. Petersburg-Clearwater, FL	131.5
Toledo, OH	30.1
Tucson, AZ	82.0
Tulsa, OK	29.4
Vallejo-Fairfield-Napa, CA	72.2
Ventura, CA	33.5
Washington, DC-MD-VA-WV	118.7
West Palm Beach-Boca Raton, FL	250.8
Wichita, KS	24.4
Wilmington-Newark, DE-MD	181.0
Youngstown-Warren, OH	38.1

Source: Centers for Disease Control and Prevention, Special Request Analysis for SAMHSA, HIV/AIDS Surveillance Report, 2001.

APPENDIX C.
CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring	The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.
Evaluation	Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.
Program	For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]
Activity	A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.

ProjectAn individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's Performance Measures of Effectiveness:

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in Performance Measures of Effectiveness to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would

propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSAT's "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

Goal 1: Assure services availability;

Goal 2: Meet unmet and emerging needs;

Goal 3: Bridge the gap between research and practice;

Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&KA	TCE	SAPTBG	NDC
Goal 1			**X**	
Goal 2		**X**		
Goal 3	**X**			
Goal 4			**X**	**X**

KD - Knowledge Development SAPTBG - Substance Abuse Prevention and Treatment Block Grant
KA - Knowledge Application TCE - Targeted Capacity Expansion
NDC - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented for discussion purposes.

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:

(a) were currently employed or engaged in productive activities;
(b) had a permanent place to live in the community;
(c) had no/reduced involvement with the criminal justice system.

- Percent decrease in

(a) Alcohol use;
(b) Marijuana use;
(c) Cocaine use;
(d) Amphetamine use
(e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- Were identified needs met?
- Was service availability improved?
- Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

- Percent of adults receiving services increased who:
    a) were currently employed or engaged in productive activities
    b) had a permanent place to live in the community
    c) had reduced involvement with the criminal justice system
    d) had no past month use of illegal drugs or misuse of prescription drugs

e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

- Percent of children/adolescents under age 18 receiving services who:
  a) were attending school
  b) were residing in a stable living environment
  c) had no involvement in the juvenile justice system
  d) had no past month use of alcohol or illegal drugs
  e) experienced reduced substance abuse related health, behavior, or social consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

- Knowledge was developed; and
- The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be

[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices", as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the

---

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

Appendix D

Form Approved
OMB No. 0930-0208
Expiration Date 12/31/2005

CSAT GPRA Client/Participant Outcome Measures for Discretionary Programs

---

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

A.RECORD MANAGEMENT

Client/Participant ID |____|____|____|____|____|____|____|____|____|____|

Contract/Grant ID |____|____|____|____|____|____|____|____|____|____|

Grant Year |____|____|____|____|
Year

Interview Date|____|____| / |____|____| / |____|____|____|____|
Month / Day / Year

Interview Type

1. Intake
2. 6 month follow-up3. 12 month follow-up4. 3 month follow-up

Service Type (Check all that apply.)

For **intake** interview: What service type will the client receive in your program? (Check all that apply.)

_____ 1. Case Management
_____ 2. Day Treatment
_____ 3. Inpatient
_____ 4. Outpatient
_____ 5. Outreach
_____ 6. Intensive Outpatient
_____ 7. Methadone
_____ 8. Residential
_____ 9. TBD
_____ 10. Other _____
_____ 11. Other _____
_____ 12. Other_____

For **six-month** follow-up interview: During the past six months, what service type did the client receive in your program? (Check all that apply and give the number of weeks in each service type, the number of weeks for any one category must not exceed 24 weeks [24 weeks equals 6 months].)

_____ 1. Case Management _____ weeks
_____ 2. Day Treatment _____ weeks
_____ 3. Inpatient _____ weeks
_____ 4. Outpatient _____ weeks
_____ 5. Outreach _____ weeks
_____ 6. Intensive Outpatient _____ weeks
_____ 7. Methadone _____ weeks
_____ 8. Residential _____ weeks
_____ 9. TBD _____ weeks
_____ 10. Other _____ _____ weeks

_____ 11. Other _____ _____ weeks
_____ 12. Other _____ _____ weeks

For **12-month** follow-up interview: During the past 6 months, what service type did the client receive in your program? (Check all that apply and give the number of weeks in each service type, the number of weeks for any one category must not exceed 24 weeks [24 weeks equals 6 months].)

_____ 1. Case Management _____ weeks
_____ 2. Day Treatment _____ weeks
_____ 3. Inpatient _____ weeks
_____ 4. Outpatient _____ weeks
_____ 5. Outreach _____ weeks
_____ 6. Intensive Outpatient _____ weeks
_____ 7. Methadone _____ weeks
_____ 8. Residential _____ weeks
_____ 9. TBD _____ weeks
_____ 10. Other _____ _____ weeks
_____ 11. Other _____ _____ weeks
_____ 12. Other _____ _____ weeks

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: — **Number of Days**

a. Any alcohol
b1. Alcohol to intoxication (5+ drinks in one sitting) |____|____|
b2. Alcohol to intoxication (4 or fewer drinks and felt high) |____|____|
c. Illegal drugs |____|____|

2. During the past 30 days, how many days have you used any of the following: — **Number of Days**

a. Cocaine/Crack |____|____|
|____|____|

b. Marijuana/Hashish (Pot, Joints, Blunts, Chronic, Weed, Mary Jane)

c. Heroin (Smack, H, Junk, Skag), or other opiates:
1. Heroin (Smack, H, Junk, Skag) |____|____|
2. Morphine |____|____|
3. Diluadid |____|____|
4. Demerol |____|____|
5. Percocet |____|____|
6. Darvon |____|____|
7. Codeine |____|____|
8. Tylenol 2,3,4 |____|____|

d. Non-prescription methadone |____|____|

e. Hallucinogens/psychedelics, PCP (Angel Dust, Ozone, Wack, Rocket Fuel) MDMA (Ecstasy, XTC, X, Adam), LSD (Acid, Boomers, Yellow Sunshine), Mushrooms or Mescaline
|____|____|

f. Methamphetamine or other amphetamines (Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank)
|____|____|

1. Benzodiazepines: Diazepam (Valium); Alpeazolam (Xanax); Triazolam (Halcion); and Estasolam (Prosom and Rohypnol–also known as roofies, roche, and cope) |____|____|
2. Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal) |____|____|
3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy; and Georgia Home Boy) |____|____|
4. Ketamine (known as Special K or Vitamin K) |____|____|
5. Other tranquilizers, downers, sedatives or hypnotics |____|____|

h. Inhalants (poppers, snappers, rush, whippets) |____|____|

i. Other Illegal Drugs (specify) _____ |____|____|

3. In the past 30 days have you injected drugs? ○ Yes ○ No

4. In the past 30 days, how often did you use a syringe, cooker, cotton or water that someone else used?

- ○ Always
- ○ Frequently
- ○ Half the time
- ○ Sometimes
- ○ Never

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- ○ Shelter (safe havens, TLC, low demand facilities, reception centers, other temporary day or evening facility)
- ○ Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- ○ Institution (hospital, nursing home, jail/prison)
- ○ Housed:
  - ○ Own/rent apartment, room, or house
  - ○ Someone else's apartment, room or house
  - ○ Halfway house
  - ○ Residential treatment
  - ○ Other housed (specify)

2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

- ○ Not at all
- ○ Somewhat
- ○ Considerably
- ○ Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. 1. **Are you currently enrolled in school or a job training program? (IF ENROLLED: Is that full time or part time?)**

- ○ Not enrolled
- ○ Enrolled, full time
- ○ Enrolled, part time
- ○ Other (specify)_____

2. 2. **What is the highest level of education you have finished, whether or not you received a degree?** (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion)

|____|____| Level in years

2a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

○ Yes ○ No

3. **Are you currently employed?** (Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work)

- ○ Employed full time (35+ hours per week, or would have been)
- ○ Employed part time
- ○ Unemployed, looking for work
- ○ Unemployed, disabled
- ○ Unemployed, volunteer work
- ○ Unemployed, retired
- ○ Unemployed, not looking for work
- ○ Other (specify) _____

4. **Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from:**

		INCOME							
a. Wages	$				,				.00
b. Public assistance	$				,				.00
c. Retirement	$				,				.00
d. Disability	$				,				.00
e. Non-legal income	$				,				.00
f. Other (specify) _____	$				,				.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |____|____| times

2. In the past 30 days, how many times have you been arrested for drug-related offenses? |____|____| times

3. In the past 30 days, how many nights have you spent in jail/prison? |____|____| times

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?

- ○ Excellent
- ○ Very good
- ○ Good
- ○ Fair
- ○ Poor

3.
4.
5. **2. During the past 30 days, did you receive:**

a. Inpatient Treatment for:	No	Yes ⇨	**If yes, altogether** for how many nights (DK=98)
i. Physical complaint	○	○	_____
ii. Mental or emotional difficulties	○	○	_____
iii. Alcohol or substance abuse	○	○	_____

b. Outpatient Treatment for:	No	Yes ⇨	**If yes, altogether** how many times (DK=98)
i. Physical complaint	○	○	_____
ii. Mental or emotional difficulties	○	○	_____
iii. Alcohol or substance abuse	○	○	_____

c. Emergency Room Treatment for:	No	Yes ⇨	**If yes, altogether** for how many times (DK=98)
i. Physical complaint	○	○	_____
ii. Mental or emotional difficulties	○	○	_____
iii. Alcohol or substance abuse	○	○	_____

3. During the past 30 days, did you engage in sexual activity?
(ASK ONLY OF CLIENTS 18 YEARS OF AGE OR OLDER) **(CSAT ONLY)**

○ Yes ○ No

	If yes, altogether how many times (DK=98) how many (DK=98)
a. Sexual contacts (vaginal, oral, or anal) did you have?	|____|____|____|
b. Unprotected sexual contacts did you have?	|____|____|____|
c. Unprotected sexual contacts were with an individual who is or was:	
1. HIV positive or has AIDS	|____|____|____|
2. An injection drug user	|____|____|____|
3. High on some substance	|____|____|____|

4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you: (CSAT ONLY)

a. Experienced serious depression	|____|____|
b. Experienced serous anxiety or tension	|____|____|
c. Experienced hallucinations	|____|____|
d. Experienced trouble understanding, concentrating, or remembering	|____|____|
e. Experienced trouble controlling violent behavior	|____|____|
f. Attempted suicide	|____|____|
g. Been prescribed medication for psychological/emotional problem	|____|____|

4a. If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days?
(If you did not report any days to the items in question 4, skip to the next question.) (CSAT ONLY)

- ○ Not at all
- ○ Slightly
- ○ Moderately
- ○ Considerable
- ○ Extremely

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

- ○ Male
- ○ Female
- ○ Transgender
- ○ Other (specify) _____

2. Are you Hispanic or Latino?

○ Yes ○ No

If yes, what ethnic group do you consider yourself? **(CSAT ONLY)**

- ○ Central American
- ○ Cuban
- ○ Dominican
- ○ Mexican
- ○ Puerto Rican
- ○ South American
- ○ Other, specify _____

3. What is your race? (Select one or more)

- ○ Black or African American
- ○ Asian
- ○ American Indian
- ○ Native Hawaiian or other Pacific Islander
- ○ Alaska Native
- ○ White
- ○ Other (specify)_____

4. What is your date of birth? |____|____| / |____|____| / |____|____|____|____|
Month / Day / Year

I. FOLLOW-UP STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

1. What is the follow-up status of the client?

- ○ 0 = Not due yet
- ○ 01 = Deceased at time of due date
- ○ 11 = Completed within specified window
- ○ 21 = Located, but refused, unspecified
- ○ 22 = Located, but unable to gain institutional access
- ○ 23 = Located, but otherwise unable to gain access
- ○ 24 = Located, but withdrawn from project
- ○ 31 = Unable to locate, moved
- ○ 32 = Unable to locate, other

J. DISCHARGE STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

1. On what date was the client discharged? |____|____| / |____|____| / |____|____|____|____|
Month / Day / Year

2. What is the client's discharge status?

- ○ 01 = Completion/Graduate
- ○ 02 = Termination

If the client was terminated, what was the reason for termination? (Select one response.)

- ○ 01 = Left on own against staff advice with satisfactory progress
- ○ 02 = Left on own against staff advice without satisfactory progress
- ○ 03 = Involuntarily discharged due to nonparticipation
- ○ 04 = Involuntarily discharged due to violation of rules
- ○ 05 = Referred to another program or other services with satisfactory progress
- ○ 06 = Referred to another program or other services with unsatisfactory progress
- ○ 07 = Incarcerated due to offense committed while in treatment with satisfactory progress
- ○ 08 = Incarcerated due to offense committed while in treatment with unsatisfactory progress
- ○ 09 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress
- ○ 10 = Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress
- ○ 11 = Transferred to another facility for health reasons
- ○ 12 = Death
- ○ 13 = Other

_____

3. During the course of treatment in your project, what types of services did the client receive?
(Check all that apply and tell how many weeks the client spent in each service.)

_____ 1. Case Management	_____ weeks
_____ 2. Day Treatment	_____ weeks
_____ 3. Inpatient	_____ weeks
_____ 4. Outpatient	_____ weeks
_____ 5. Outreach	_____ weeks
_____ 6. Intensive Outpatient	_____ weeks
_____ 7. Methadone	_____ weeks
_____ 8. Residential	_____ weeks
_____ 9. TBD	_____ weeks
_____ 10. Other _____	_____ weeks
_____ 11. Other _____	_____ weeks
_____ 12. Other _____	_____ weeks\

Appendix E.

Proposed Number of Service Recipients

Guidelines and Definitions

Instructions

The applicant must specify the proposed number of service recipients in the Abstract and in the narrative under Section B: Project Plan.

In estimating the number of service recipients proposed for each grant year, take into account start-up during early project months and any changes expected during the course of the funding period.

Service Expansion: Expansion applications propose to **increase the number of clients receiving services** as a result of the award. For example, a treatment facility or an outreach and pretreatment program that currently admits to services 50 persons per year may propose to expand service capacity to be able to admit 50 more persons annually. Clearly state the additional annual admissions you anticipate by use of TCE/HIV funds, not those now being served.

Service Enhancement: If you propose to improve **the quality and intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address special needs of clients, specify the number of persons who will receive expanded services during each grant year in the narrative, and the total numbers in the Abstract. Although service enhancements may not increase the number of clients being served *per se*, you should specify the current and proposed number of clients who will receive the new enhancement services. Do not double-count clients. Some clients, for instance, may begin to receive an enhanced service near the end of Year 1 and continue receiving the service into Year 2, in which case you should count the clients only in Year 1. Numbers should also be unduplicated across services. For instance, if you propose to enhance services through the addition of case management and employment counseling, some clients may receive both types of services. Do not double-count these clients.

Total # Persons Served: Specify the total number of persons who will receive grant supported services. These numbers should be unduplicated, so that numbers stated here may not equal the sum of "enhanced" and "expansion" clients served. If some clients will receive both enhanced and expanded services, do not double count these clients. The key is, count individual clients served, not provided services. To specify the total number of persons served, estimate the unduplicated number of individuals who will receive grant-supported services.

A tabular format is suggested for portraying these data, but not required.